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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Twyler Marie Lamb
Art Unit: 2622

DATE: March 30, 2006

FROM: Troy M. Schmelzer

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

RE: U.S. Patent Application Serial No.: 09/837,713; Our Ref. 81800.0154
I hereby certify that the following documents:

☒   Amendment/Amendment Transmittal/Petition for Extension of Time

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

March 30, 2006
Date of Deposit

Rhonda Hurt

TELECOPY/FAX NUMBER: 571-273-8300   Art Unit 2622

CLIENT NUMBER: 81800.0154

ATTORNEY BILLING NUMBER: 3212

CONFIRMATION NUMBER: (please return fax to Juanita Soberanis)

\LA - 81800/0154 - 260810 v1

FORM PTO-1083

Attorney Docket No. 81800.0154
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masaki KOTANI

Serial No: 09/837,713

Confirmation No.: 9170

Filed: April 17, 2001

For: Image Forming Apparatus

Art Unit: 2622
Examiner: Lamb, Twyler Marie

I hereby certify that this correspondence is being transmitted via facsimile to (571)273-8300:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

March 30, 2006
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Rhonda Hurt
Name

Rhonda Hurt   3/30/06
Signature   Date

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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Dear Sir:

Transmitted herewith in the above-identified application are the following:

☒ Amendment
☒ Petition for Extension of Time
☐ No additional fees required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	23	-	21	**	2	LG=$50 SM=$25	$50	$	100
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=$200 SM=$100	$200	$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = $360 SMALL ENTITY FEE = $180			$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					$250 FOR EACH ADDITIONAL, 50 SHEETS			$	0
							TOTAL	$	100

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ Please charge the fee of $__100.00__ for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ Please charge the fee of $__120.00__ for the __one-month__ extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _____
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: March 30, 2006

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